



City of Kent Parks, Recreation and Community Services

YOUTH SPORTS ORGANIZATION

HB-1824 (**Youth Sports-Head Injury Policy**) and

SB-5083 (**Sudden Cardiac Arrest Awareness**)

COMPLIANCE STATEMENT

Name of Organization

Street Address

Phone Contact

Name of Representative

Street Address

Phone Contact

What is the nature and purpose for facility use?

_____, a youth sports organization/team, hereby verifies all coaches, athletes and their parent/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by House Bill-1824, Section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by State Bill-5083, section 3.

All community organizations/teams requesting use of City of Kent Park facilities must also submit a Certificate of Insurance and Endorsement naming the City of Kent as an additional insured for the amount of \$1,000,000.

The undersigned representative certifies that the information above is true and correct and hereby certifies this statement on behalf of the identified organization including all teams, players, coaches and parents/guardians affiliated with such organization.

Signed:

Representative of Organization

Date

Note: Access to City of Kent facilities may not be granted until all requirements of this application are complete and approved by the Kent Parks Department and/or designee.

THIS STATEMENT EFFECTIVE FOR 2020 USE YEAR ONLY